

Case Number:	CM14-0044835		
Date Assigned:	07/02/2014	Date of Injury:	06/01/2012
Decision Date:	09/08/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/11/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in North Carolina. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 36-year-old with a reported date of injury of 06/01/2012. The patient has the diagnoses of obesity, knee pain, lumbar disc herniation with radiculopathy and acute back pain. Per the progress reports provided by the primary treating physician dated 03/25/2014, the patient had complaints of increased back pain. The physical exam noted lumbar spine and paraspinals muscle tenderness with spasm and pain with forward flexion. Treatment recommendations included medication modification. A referral request dated 02/25/2014 is for a neurosurgery evaluation for spinal canal stenosis at L3-4.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Consultation with a Neurosurgeon, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-315.

Decision rationale: The ACOEM chapter on low back complaints does endorse the use of consultations in the evaluation of low back complaints when conservative therapy has failed, in the presence of red flags on exam or when surgical intervention is being considered. However

there is only one progress note provided for review along with and MRI report. There is no documentation of failure of conservative therapy, red flags or surgical consideration just evaluation for L3/L4 stenosis. With this lack of documentation, the request cannot be certified. As such, the request is not medically necessary.